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soon have a valuable code of statistical procedure to guide our action, and will know as well what has not been approved and so avoid statistical byways leading to confusion.

The resolutions are now under consideration by the various committees of the Section on Vital Statistics, and their recommendations for action in regard to some or all of the propositions may be submitted at the next annual meeting of the Association at Winnipeg, Manitoba, August,* 1908. Suggestions or recommendation relating to the subjects covered, or to other matters of statistical practice, will be warmly welcomed from members of the American Statistical Association and from all others interested. They may be sent to Dr. Wilmer R. Batt, State Registrar, Harrisburg, Pa., who is Secretary of the Section on Vital Statistics, and who will refer them to the appropriate committees.

CRESSY L. WILBUR.

MUNICIPAL STATISTICS.

Statistical Summary of the City of Buenos Ayres. By Albert B. Martinez, Director of Municipal Statistics, 1906.

This report is the sixteenth of its kind, the bureau of municipal statistics of Buenos Ayres having been established in 1881 by Dr. Emilio R. Coni. The present volume contains an introduction of 55 pages and the main part of the work 352 pages. The introductory part is of value to all students of vital statistics, as it contains up-to-date international comparisons of birth, marriage, and death rates. These latter distinguish the mortality of children under one year of age. There is also an international comparison of eleven infectious-contagious and other causes of death on the basis of ratios of the specified causes to all causes.

Some of the facts presented in the statistical summaries are of quite exceptional interest, and are seldom, if ever, found in the municipal reports of the cities of the United States. Under climatology, the barometric pressures; temperature and relative humidity; and the psychrometer readings, dry and moist, are given for three daily readings,—7 A.M., 2 P.M., and 9 P.M.,—the averages being given for every ten days or as nearly as this is possible, to give three averages for each month. The rainfall and average velocity of winds are also given for the thirty-six divisions of the year. The heliometric observations are presented for each month, and include the hours that the sun was above the horizon, the hours that it was visible in the morning and in the afternoon, and the number of cloudy hours. The atmosphere is chemically analyzed for ozone, during the day and during the night, for carbonic acid, and for organic ammonia. Finally,

*The exact date of the meeting is not yet determined.

the air is bacteriologically analyzed for bacteria and what is called "mustiness." The results of the chemical analyses are averaged by months, but the bacteriological results are expressed in periods of from three to eight days' duration of bacteria growths from samples of air taken near the first and middle of each month.

Of other more or less unique statistics, mention may be made of the statistics of race tracks, or, as they are locally called, "hippodromes." These tables show, among other facts, the amount of money wagered on the horses. They show that race-track gambling has rapidly increased in Buenos Ayres, and during 1906 over \$49,000,000 was wagered at the "hippodromes," or an average of nearly \$50 per capita for the city's total population. Theatre statistics, financial statistics of the National Charitable Lottery, strike statistics, and returns of the Sick Fund Societies are included in other tables of more than local interest.

Under the heading "demography" there are some valuable statistics of births, marriages, and deaths. Births are returned as legitimate, illegitimate, and still-born, though the latter are not considered true births. Twin and triplet births are separately tabulated, as are also the illegitimate births legitimized by declaration of one or both parents. The legitimate children are classified by nationality of mothers and order of birth. This table shows, for example, that in 1906 two Italian mothers gave birth to the twentieth child. The order of birth is also tabulated by ages of the mothers. In 1906 there were 1,996 children born of mothers under twenty years of age and five children born of mothers over fifty years of age. Of the former number, 1,467 were first births, 424 second, 74 third, 4 fourth, 4 fifth, and 2 sixth; while of the latter one was a second child, one a sixth, one a seventh, one an eighth, and one a twelfth.

The marriage statistics are given in less detail than the births, and are principally interesting because of the ages. The most popular age for marriage is under twenty for girls. About one-third of the young men marry at ages 21-25 and another third at ages 26-30.

The mortality statistics occupy thirty-eight pages of the volume, and the tabulations are in many respects admirable. The crude death-rate of Buenos Ayres has declined from 27.2 per 1,000 in 1888 to 16.5 in 1906. The rate was highest (30.0) in 1890 and lowest (15.5) in 1905. Tuberculosis seems to have been somewhat more fatal to the native Argentines than to persons from outside of the Republic. During 1902-06, among those of Argentine birth of ages fifteen and over, 28.5 per cent. of the deaths from all causes were from tuberculosis as against only 14.3 per cent. for persons from outside of the Republic.

The mortality of children is an important subject admirably treated in these statistics of Buenos Ayres. Although the divisional periods of life at ages under five are not given in the detail available in the statistics of

Berlin, Germany, where they are given for single months for the first two years of life, they are better than are to be found in most of our American cities. The age periods for deaths under five years of age are: 1 to 30 days, 1 to 6 months, 6 to 12 months, 1 to 2 years, 2 to 3 years, 3 to 4 years, and 4 to 5 years.

The death rates per 1,000 born and surviving are calculated by single years of life per ages 0-4 for each of the seventeen years 1890-1906. The following condensed comparisons indicate a notable improvement in the mortality of children in Buenos Ayres during that period:—

DEATH-RATES OF CHILDREN PER 1,000 BORN AND SURVIVING, BUENOS AYRES, 1890-1906.

Ages (years).	1890.	1895.	1900.	1906.
0-1	176.9	132.5	123.5	102.3
1-2	92.3	84.1	61.8	40.4
2-3	54.9	41.7	25.5	17.2
3-4	45.4	34.8	20.9	10.4
4-5	43.0	23.3	13.3	6.0

The following table shows the death-rates per 1,000 of those born and surviving under two years of age for certain causes and per 1,000 of those born and surviving under one year of age for three causes:—

DEATH-RATES OF CHILDREN PER 1,000 BORN AND SURVIVING, BUENOS AYRES.

Causes of Death.	Ages under two years.			
	1890.	1895.	1900.	1906.
Diphtheria and Croup	7.1	2.0	1.6	0.5
Whooping-cough	1.2	0.7	0.7	0.7
Tuberculosis	1.3	1.4	1.8	1.3
Meningitis	11.2	14.5	8.6	9.2
Diarrhœa	36.9	31.4	29.1	23.1
Respiratory Diseases	28.0	26.6	24.9	19.0
	Ages under one year.			
	1890.	1895.	1900.	1906.
Tetanus	12.4	8.4	8.4	2.8
Convulsions	4.3	3.8	2.1	1.6
Congenital Debility	17.2	12.0	12.5	9.5

These abbreviated tables indicate very clearly that the improvement in the infantile mortality in Buenos Ayres has been largely due to two factors,—better general care of children and better medical treatment.

A valuable summary table gives the death-rates per 10,000 of population from the principal causes of death for each of the twenty years 1887-1906. The heading to this table contains a curious error often met with in newspapers, magazines, and, strangely enough, even in official statistical publications. The heading reads as follows: "Total Deaths in the City, from Several Diseases, of the Last Twenty Years for Each 10,000 Inhabitants, showing Percentage of Each Disease." To say percentage per ten thousand, or, as is more frequent, percentage per thousand, is somewhat like saying that a train runs at a speed of sixty miles per hour per minute.

Suicides are considered in a chapter which treats of criminal statistics. It is worth noting that unsuccessful attempts at suicide are recorded as well as actual suicides. During the ten years 1897-1906 there were 1,316 suicides and 1,090 attempts at suicide. The suicides are tabulated by sex, age, cause, and means employed. About 70 per cent. of the suicides were males. Women committed suicide at earlier ages than men. Family troubles caused about one-fifth of the suicides, and physical diseases one-seventh. Fire-arms were the means employed in over 42 per cent. of the cases, and poisons in over 28 per cent.

Annual Report of the Health Department of Louisville, Ky., for the year ended Aug. 31, 1907.

The value of this report for any practical purpose—sanitary or other—is seriously impaired by the failure to separate the white and colored deaths, except in the aggregate. Approximately one-fifth, or 20 per cent., of the total population of Louisville is colored. The total population of the city is about 250,000, of which nearly 50,000 are negroes. The crude death-rate of the colored population during the year ended Aug. 31, 1907, was 23.3 per 1,000 of population against a rate of only 16.4 for the white population.

Consumption caused 490 deaths during the year, a larger number than was charged to any other specific cause. The report, however, does not indicate what proportion of these deaths occurred among the white and colored elements of the population. For comparative or other sanitary purposes it would seem to the writer that a clear and sharp distinction should always be made between the vital statistics of the white and colored populations of a city whenever or wherever the colored element forms as much as 10 per cent. of the total population. All the known facts indicate that the crude death-rates of negroes are about 50 per cent. in excess of the crude death-rate of the white populations in both the North and South. Further, it is a well-known fact that the excess of mortality among the negroes is principally

due to a few well-defined causes, of which consumption is one of the most prominent. Unless, therefore, the vital statistics of the two races are carefully distinguished, some of the most useful facts are lost sight of and some of the most valuable sanitary and health lessons are not taught by the health reports.

F. S. CRUM.

IMPROVEMENT OF VITAL STATISTICS.

Registration of Deaths. Including a paper on "The Essential Requirements of a Law for the Registration of Deaths and the Collection of Mortality Statistics," prepared by the Committee on Demography of the American Public Health Association. (Circular.) United States Census Office, No. 71, pp. 10.

Practical Registration Methods. Information for local registrars as to the standard certificate, forms of records, and indefinite causes of death reported by physicians. United States Census Office, 1903, No. 101, pp. 28.

Relation of Physicians to Mortality Statistics. The international classification of causes of death as adopted by the United States Census Office and approved by the American Public Health Association. United States Census Office, 1903, No. 102, pp. 26.

Registration of Births and Deaths. Drafts of laws and forms of certificates. Bureau of the Census, No. 104, pp. 31.

Statistical Treatment of Causes of Death. Co-operative work relative to treatment of jointly returned causes and the revision of the international classification. Bureau of the Census, No. 105, pp. 19.

Extension of the Registration Area for Births and Deaths. A practical example of co-operative census methods as applied to the State of Pennsylvania. Bureau of the Census, No. 106, pp. 51.

Modes of Statement of Cause of Death and Duration of Illness upon Certificates of Death. Comparison of forms now in use in the United States and certain other countries, and suggestions of a modification of the standard certificate of death in order to secure uniform and definite statements of causes of death. Check-list of registration officials, reports, and bulletins. Bureau of the Census, No. 107, pp. 81.

The first three of these pamphlets were issued by the Division of Vital Statistics under the direction of Mr. W. A. King, former chief statistician for vital statistics. The last four were more recently published under the direction of the present chief, Dr. Cressy L. Wilbur. Together they give abundant evidence of the vigorous efforts of the federal government